

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034043

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8741

STATE FILE NUMBER

FILED SEP 6 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in lb
7 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis-Little Rock
Hospitals, Inc.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair

c. CITY OR TOWN East St. Louis,

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
1807 St. Louis Ave..

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Albert

Middle -

Last Roberts

4. DATE OF DEATH

Month Aug.

Day 27,

Year 1963

5. SEX
Male

6. COLOR OR RACE
Col.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Dec. 12, 1903

9. AGE (last birthday)
59 yrs.

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Trackman

10b. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (City and state or country)
DeKalb, Mississippi

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOHN ROBERTS

13b. MOTHER'S MAIDEN NAME

MARGARET WELCH

14. NAME OF HUSBAND OR WIFE

Freda Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates)
No

16. SOCIAL SECURITY NO.
88

17. INFORMANT

Mrs. Freda Roberts East St. Louis, Ill.

Address 1807 St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH
1 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.

DUE TO (b)

Malignant nephrosclerosis

10 yrs

DUE TO (c)

445X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 21, 1963 to Aug. 27, 1963 and last saw him alive on Aug. 27, 1963
Death occurred at 6:20 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Masso Obino M.D.

22b. ADDRESS

1755 South Grand Blvd.,

22c. DATE SIGNED

8-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8/31/63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Gardens of Memory, Spoken Township, Ill.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Address

Officer Funeral Home - 2114 Missouri Ave.,

25. DATE RECD. BY LOCAL REG

AUG 29 1963

26. REGISTRAR'S SIGNATURE

Carl Smith M.D.

E. St. Louis, Ill. (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marionette Officer

Licensed Embalmer No.

5177

P. O. Address

St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.